


**CLASS 3b AND CLASS 4 LASER REGISTRATION FORM**

Principal Investigator:

Department:

Date:

Page:

	<i><b>SPECIFIC LASER INFORMATION</b></i>					
	<b>Laser 1</b>	<b>Laser 2</b>	<b>Laser 3</b>	<b>Laser 4</b>	<b>Laser 5</b>	<b>Laser 6</b>
<b>SYSTEM I.D.</b>						
<b>Location: Bldg.</b>						
<b>Room</b>						
<b>Type of Laser</b>						
<b>Laser Class</b>						
<b>Manufacturer</b>						
<b>LASER SPECS.</b>						
<b>Operation Mode (CW, SP, RP, QS)</b>						
<b>Max. Power (W) or Pulse Energy (J)</b>						
<b>Wavelength(s) Produced (nm)</b>						
<b>Optical Density Required (<i>to be determined by EH&amp;S</i>)</b>						

*Please return this form to Rick Mannix, EH&S, Zot Code: 2725.*